

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000732

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 4

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 15 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Liberty, Missouri

Length of stay in 1b

3 Months

c. FULL NAME OF (If NOT in hospital, give location)

T.O.O.F. Hospital

Inside Limits

Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY

Kansas City (17)

Inside Limits

Yes ☒ No ☐

d. STREET

468 East Park Ave.

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Emmaline

Middle

Last

Barr

4. DATE

Month

January

Day

3

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-11-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At The Home

11. BIRTHPLACE (City and state or country)

Green Valley, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Reagan

13b. MOTHER'S MAIDEN NAME

Rebecca J. Barlow

14. NAME OF HUSBAND OR WIFE

Mr. Jasper N. Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Phillip S. Davis-Navada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov 60, to Jan 3 63

and last saw her alive on Jan 3 63

Death occurred at

1 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Peculiar Cemetery

23d. LOCATION (City, town, or county)

Peculiar,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons-North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-5-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____ Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Marion D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.